ADMINISTERING MEDICATIONS TO STUDENTS DURING THE SCHOOL DAY
SAU 90 PERMISSION TO ADMINISTER MEDICINE IN SCHOOL

Student Name: ________________________________________________, is required to take, during the school day, the following medicine: (Must be filled in by the prescriber)

Medication: _______________________________________________ Dose: __________ Route: __________

Frequency/Time(s) of day to be taken: ___________________________________________________________

Start Date:_____________ End Date:_____________ Allergies:__________________________________

Diagnosis: ________________________________________________________________________________

Specific Recommendations for Administration:___________________________________________________

Please Note: If the student listed above is authorized to self-carry and use his/her inhaler and/or Epipen in a school setting, please sign the approval in this section.

I, ___________________________________________ confirm that __________________________________________ has the knowledge and skills to safely possess and use an inhaler or Epipen (circle one)

prescriber signature
student name

parent signature/date

Side Effects or Contraindications: ______________________________________________________________

Other Medications Student is Taking: ___________________________________________________________

Physician’s Signature:___________________________________ Phone #______________: Date:__________

Prescription medicines must be accompanied by a written order from the prescriber. The responsible adult will deliver the medicine to the school nurse in a pharmacy labeled container listing the student's name, the physician's name, the name of the medicine and the instructions. Not more than a 30-day supply will be accepted. The nurse upon receipt will count all medication. Medications prescribed three or less times per day may be given at home.

Over-the-counter medication may be given, if needed, with the written request of the parent/guardian. If the medication is not available through the Health Office, it must be delivered by the responsible adult in its original container. Dosages given will never exceed label directions without a prescribing order.

We, the parents, authorize the school nurse or any other member of the school staff so designated by the building principal to assist* our child in taking the above medication. Any pupil in grades one through twelve may need to be assisted by such persons, and the medication, therefore, shall be in the custody of such persons.

Parent/Guardian Signature:_____________________________________________________ Date:___________

Home Phone #: ___________________ Emergency Phone #:___________________ Cell #_________________

Emergency Contact:___________________________________ Phone #:___________________

School: ________________________________________________________________________________

(*) Assist means having the required medication available to the child as needed and observing the student as he/she takes or does not take his/her medication. However, if the medication requires administration, that is, the student cannot take the medication by themselves with the assistance described; only the school nurse or an appropriate delegatee may administer the prescription.

Updated 3-09/bb